

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001608

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 179

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

20 DAYS

c. FULL NAME OF (If NOT in hospital, give location)

ST LUKES HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

KANSAS

b. COUNTY

MIAMI

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

MIDDLE CREEK TWP

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

FREDERICK

First

B. GRINZINGER

Last

4. DATE OF DEATH

Month

Day

Year

1 - 10 - 63

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-5-1911

9. AGE (last birthday)

51

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

COMPRESSOR STATION

10b. KIND OF BUSINESS OR INDUSTRY

NATURAL GAS

11. BIRTHPLACE (City and state or country)

KANSAS CITY KAS.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOE GRINZINGER

13b. MOTHER'S MAIDEN NAME

HELEN KALNY

14. NAME OF HUSBAND OR WIFE

MARGARET GRINZINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

53

17. INFORMANT

MARGARET GRINZINGER LOUISBOURG MO

18. CAUSE OF DEATH (Enter only one cause or PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Adenocarcinoma of Pancreas with Metastases

INTERVAL BETWEEN ONSET AND DEATH

7 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1962 to Jan 10, 63 and last saw him alive on Jan 10, 63. Death occurred at 5:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Harold W. North M.D.

22b. ADDRESS

4320 Wagon Rd Kansas City, Missouri

22c. DATE SIGNED

1-11-63

23a. BUREAU OF HEALTH

23b. DATE

1-13-63

23c. NAME OF CEMETERY OR CREMATORY

LOUISBOURG CATHOLIC

23d. LOCATION (City, town, or county)

LOUISBOURG MIAMI KANSAS

24. FUNERAL DIRECTOR

ADDRESS

LOUISBOURG

DATE RECD. BY LOCAL REG.

1-11-63

26. REGISTRAR'S SIGNATURE

Oruth Long

(Licensed Embalmer's Statement on Reverse Side)

FEB 5 1963

JAN 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.